



DRIPPING SPRINGS
Texas

Application for Employment

Thank you for your interest in employment with the City of Dripping Springs.
These instructions must be followed exactly. Fill out application form completely. If questions are not applicable, enter "NA." Do not leave questions blank. Be sure to sign when completed.
 Resumes will not be accepted in lieu of applications, unless specifically stated in the job vacancy notice. This application becomes public record and is subject to disclosure.
The City of Dripping Springs is an Equal Opportunity Employer and does not discriminate on the basis of race, color, national origin, sex, religion, age or disability in employment or the provision of services. You may make copies of this application and enter different position titles, but each copy must be signed.

Return Application to:

Mail / Dropoff: City of Dripping Springs, Attn: Executive Assistant Kevin Campbell, P.O. Box 384, Dripping Springs, TX 78620
 Email: kcampbell@cityofdrippingsprings.com

General Information

Last Name	First Name	Middle Initial	
Street Address	City	State	Zip Code
Phone Number	Email		
Position Applied For (Title)	Salary Requirement	Date Available	
How did you hear of this vacancy? (Please list the specific employee, newspaper, website, or other source)			
Have you previously used any other names besides what is provided above No Yes If yes please specify below:			
Are you over 18 years old? No Yes If no, signature of legal guardian is required.			
Are you eligible for employment in the United States? No Yes (Documentation to verify eligibility is required)			

Previous Affiliation

Are you now or have you ever been employed by the City of Dripping Springs? No Yes
 If Yes, please list the location, title, department, and dates below:

Education

High School	City	State	Diploma/Equivalent
College / Technical School Name	City	State	Degree
Major	Degree Earned	If not earned, years Completed 1 2 3 4	
College / Technical School Name	City	State	Degree
Major	Degree Earned	If not earned, years Completed 1 2 3 4	

Professional Licenses or Certifications

Title	License No.	Issuing State or Organization	Expiration Date

Employment History

Can the City contact your Current Employer? No Yes					
Employer Name		Telephone No.		Supervisor's Name & Title	
Address			City		State Zip Code
Your Title		Department		Beginning Date	Ending Date Final Salary
Summary of Duties			Reason for Leaving:		
Employer Name		Telephone No.		Supervisor's Name & Title	
Address			City		State Zip Code
Your Title		Department		Beginning Date	Ending Date Final Salary
Summary of Duties			Reason for Leaving:		
Employer Name		Telephone No.		Supervisor's Name & Title	
Address			City		State Zip Code
Your Title		Department		Beginning Date	Ending Date Final Salary
Summary of Duties			Reason for Leaving:		

If you wish to describe additional work experience, attach the above information for each position on a separate piece of paper.

Military Service

Are you a veteran? No Yes
A copy of Report of Separation may be required.

Have you ever been discharged or asked to resign from a job? No Yes
If yes, explain:

Skills

List of software in which you are proficient:

Please briefly describe how your skills and experience qualify you for the position as posted.

Second Language (including Sign Language)	Fluency							
	Written				Spoken			
Language	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor
	Excellent	Good	Fair	Poor	Excellent	Good	Fair	Poor

References

Name	Telephone No	Title	How do you know this person	
Address		City	State	Zip Code
Email				
Name	Telephone No	Title	How do you know this person	
Address		City	State	Zip Code
Email				
Name	Telephone No	Title	How do you know this person	
Address		City	State	Zip Code
Email				

Is there additional information attached to this Application? No Yes Please List:

PLEASE READ THE FOLLOWING STATEMENTS CAREFULLY AND INDICATE YOUR UNDERSTANDING AND ACCEPTANCE BY SIGNING IN THE SPACE PROVIDED

I certify that all the information provided by me in connection with my application, whether on this document or not, is true and complete, and I understand that any misstatement, falsification, or omission of information may be grounds for refusal to hire or, if hired, termination.

I understand that some departments at the City may ask for criminal history or other background check in accordance with state and federal law. A separate form will be used for this purpose if requested.

I understand that as a condition of employment, I will be required to provide legal proof of authorization to work in the U.S.

I authorize any of the persons or organizations referenced in this application to give you any and all information concerning my previous employment, education, or any other information they might have, personal or otherwise, with regard to any of the subjects covered by this application, and I release all such parties from all liability from any damages which may result from furnishing such information to you.

Applicant Signature: _____ Date: _____